



KFUMC • 321 Thompson Drive • 830-257-0820

OFFICE USE ONLY

- Date Received:
Summer Reg. Fee \$15 Pmt: Cash / Check # / CC
Summer 1st mo. Pmt: Cash/Check# /CC
Fall Reg. Fee \$50 Pmt: Cash/Check# /CC
Fall 1st. mo. Pmt: Cash/Check# /CC
Allergy Form
Photo/Emergency Care Release Form

REGISTRATION ADMISSION FORM

Child's Name Gender Date of Birth / /

Child's Address City State Zip

Home Phone ( ) Main E-mail Address

Mother's Name Cell# Work #

Address (if different from child's) City State Zip

Father's Name Cell # Work #

Address (if different from child's) City State Zip

1st Emergency Contact Name Phone ( )

Address City State Zip

Relationship to Child

Has permission to pick up all children in family

Additional people who have permission to pick up your child

Is there anyone to whom your child MAY NOT be released? Yes No

If yes, please name

Name of Physician Phone#

Physician Address City State Zip

Are there any special conditions that your child may have such as allergies, existing illness, previous serious illness, or prescribed long-term medication Yes No

If yes, please explain:

Blank lines for explanation of special conditions.

First Month tuition includes registration fee.

**Tuition is due by the 20<sup>TH</sup> of each month and is considered late after the 1<sup>ST</sup> of each month.**

A \$20 late fee is applied to monthly tuition paid after the 1<sup>st</sup> of each month.

Please indicate who is responsible for payment of tuition and fees:

- Parents - Same address
- Mother
- Father
- Adult other than parents (please complete below)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Referred to us by \_\_\_\_\_

Please state additional information that would be helpful to our KFUMC staff.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below, I acknowledge that I have received and have read the Mother's Day Out Parent's Handbook and understand that any changes made in policies require that all families in the MDO program be notified by email or letter.



PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ALLERGY NOTIFICATION FORM

CHILD'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

MY CHILD IS ALLERGIC TO THE FOLLOWING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEVERITY: (CIRCLE ONE) **MILD** **MODERATE** **SEVERE**

(IF MODERATE OR SEVERE, PLEASE HAVE DOCTOR FILL OUT REMAINING OF FORM)

INSTRUCTIONS IF CHILD COMES IN CONTACT WITH ALLERGEN(S):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMISSION SLIP FOR  
EMERGENCY RELEASE AND PHOTO RELEASE  
(For ages 17 and under)**

CHILD'S NAME: \_\_\_\_\_

SPONSORED EVENT: \_\_\_\_\_

\_\_\_\_\_ In case of an emergency, I authorize First United Methodist Church MDO and its agents to obtain such emergency medical attention for my child(ren) during such a period of preschool activities as may appear reasonably necessary in my absence. I understand that said treatment may be carried out in the FUMC MDO building or may involve excursions out of the FUMC MDO building. I hereby waive any right to damages which may arise from the acts of FUMC MDO or its agents, and in consideration of the services provided my child(ren) by FUMC MDO, I agree to indemnify and hold harmless FUMC MDO and its agents with respect to any loss of any kind suffered by FUMC MDO and its agents, or any liability incurred through loss suffered by third persons as the result of attendance of the child(ren) in the preschool activities of said First United Methodist Church MDO.

\_\_\_\_\_ I, the undersigned parent(s) or guardian of the child listed above give Kerrville First United Methodist Church, the absolute right and permission to use my child's photograph in its promotion materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g., video, cd-rom, internet), or other form of promotion. I release the Church, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection of such use.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

|                               |                     |
|-------------------------------|---------------------|
| Emergency Contact: _____      | Relationship: _____ |
| Parent/Guardian Phone : _____ |                     |
| Physician's Name: _____       | Phone: _____        |